



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238408
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1238408

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

16-32-12

FIELD SERVICE TICKET

1718 11270 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-10-14	DISTRICT: Pratt, KS	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER: Griffin Management		LEASE: Bsrbrgs B		WELL NO. 3					
ADDRESS:		COUNTY: Barber		STATE: KS					
CITY:		STATE:		SERVICE CREW: Dsrin, Ed, Cobb					
AUTHORIZED BY:		JOB TYPE: CNW/Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
27283	1/2						10-10	AM	8:00
19889	1/2					ARRIVED AT JOB	10-10	AM	9:30
19843	1/2					START OPERATION	10-10	AM	10:30
19959	1/2					FINISH OPERATION	10-10	PM	11:00
19862	1/2					RELEASED	10-10	AM	12:00
						MILES FROM STATION TO WELL	36		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: *Craig Kattler*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100C	Common Cement	SK	180	-	2,880.00
CC102	Cellof 151ce	Lb	46	-	170.20
CC109	Calcium Chloride	Lb	340	-	357.00
CF153	Wooden Cement Plug, 8 5/8	ES	1	-	160.00
E100	Unit mileage Charge - Pickup	M	35	-	148.75
E101	Heavy Equipment Mileage	M	70	-	480.00
E113	Bulk Delivery Charge	Tnlm	298	-	654.50
CF200	Depth Charge: 0.500	Whis	1	-	1,000.00
CF240	Blending & Mixing Service Charge	SK	180	-	252.00
CF504	Plug container Utilization charge	Job	1	-	250.00
S003	Service Supervisor, Prt, 8 hrs on loc.	ES	1	-	175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		4,576.22
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: *Doran Funcher*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Craig Kattler*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

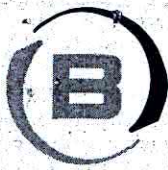
Customer Griffin management	Lease No.	Date 10-10-2014
Lease Berberis B	Well # 3	
Field Order # 1170	Station Pratt, KS	Casing 8 5/8
		Depth 256
Type Job CONV-SURFACE	Formation TD-260	County Baker
		State KS
		Legal Description 16-32-12

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
8 5/8				Pre Pad	Max		5 Min.
Depth 256	Depth	From	To	Pad	Min		10 Min.
Volume 16	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth 256	Packer Depth	From	To				

Customer Representative _____ Station Manager Kevin Gortley Treater Darin Franklin

Service Units	27283	19889	19843	19559	19862				
Driver Names	Darin	Ed	Ed	Cobb	Cobb				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30 pm					On location / Safety meeting
	300		3	5	Pump 3 bbls w/ gel
	300		38	5	mix 180SLV
					Shut down
					Release plug
	300		15	3	Displace
					Shut in
					Cement did circulate
					Job complete / Darin return



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 11492 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-16-14	DISTRICT PRATT KS	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER Griffid - Management	LEASE BARBARA - B	3		WELL NO.					
ADDRESS	COUNTY BARBER	STATE KS							
CITY	STATE	SERVICE CREW Sullivan, McManis, Pindso							
AUTHORIZED BY	JOB TYPE: CW 5 1/2" Drilling								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 10-15-14	AM PM	TIME 10:00
77686-19905	1 hr					ARRIVED AT JOB	10-15-14	AM PM	11:30
70959-19918	1 hr					START OPERATION	10-16-14	AM PM	6:00
37900						FINISH OPERATION		AM PM	7:00
						RELEASED		AM PM	7:45
						MILES FROM STATION TO WELL	35		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: *Andy W. McManis*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cement	SK	200		3,400.00
CP 105	AA-2 cement	SK	50		850.00
CC 102	Cellfak	lb	51		188.70
CC 111	SALT	lb	913		456.50
CC 112	cmt Friction Reducer	lb	94		564.00
CC 115	C-44	lb	188		968.20
CC 201	Gilsonite	lb	1000		670.00
CF 607	Latch down Plyx Bolt 5/12	SA	1		400.00
CF 1251	Wide Eye Flkt shoe	SA	1		360.00
CF 1651	Turbidizer	SA	5		550.00
CF 1901	Bucket	SA	1		290.00
C-704	CLAY MIX	gal	6		210.00
C-151	MUD Fluid	gal	500		750.00
C-100	packer mud	m	35		157.50
C-101	Heavy Spnt mud	m	70		525.00
E 113	Bulk Pulley	TM	403		1,006.25
KE 205	Depth gauge 4000-5000	SO	1		2,520.00
E 240	Blend-mixing	SK	25		350.00
E 504	Plyx Control Nut	SK	1		250.00
S 003	Solution separator	SO	1		175.00
SUB TOTAL					14,641.15

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Discourded <i>Andy W. McManis</i>		TOTAL 11,273.69

SERVICE REPRESENTATIVE: *Robert J. Miller*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Andy W. McManis*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer <i>Pratt Management</i>	Lease No.	Date <i>10-16-14</i>	
Lease <i>BARBARA B</i>	Well # <i>3</i>		
Field Order # <i>11472</i>	Station <i>Pratt KS</i>	Casing <i>5 1/2</i>	Depth <i>4033</i>
Type Job <i>CWU - LOGS TRAWG</i>	Formation	County <i>BARBER</i>	State <i>KS</i>
		Legal Description <i>16-32-12</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>5 1/2</i>				Pre Pad		Max		5 Min.
Depth <i>4033</i>	Depth	From	To	Pad		Min		10 Min.
Volume <i>109</i>	Volume	From	To	Frac		Avg		15 Min.
Max Press <i>2000</i>	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection <i>P.C</i>	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth <i>4541</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SOFF</i>	Treater <i>Robert Sullivan</i>
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Service Units	<i>37900</i>	<i>77686</i>	<i>19905</i>	<i>70959</i>	<i>19718</i>				
Driver Names	<i>Sullivan</i>	<i>McGraw</i>	<i>Fisher</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:30 am</i>					<i>DN loc.</i>
					<i>run 5 1/2 casing</i>
<i>4:50</i>					<i>CASING ON BOTTOM</i>
<i>5:00</i>					<i>Hook Rig circ</i>
<i>6:00</i>			<i>5</i>	<i>3.5</i>	<i>1st SPACER</i>
			<i>12</i>		<i>1st MUD FLUTE</i>
			<i>5</i>		<i>1st SPACER</i>
			<i>48</i>	<i>4.5</i>	<i>mix cont 200SK AA 2 cont @ 15.2%</i>
				<i>2.5</i>	<i>cont mix 50 fluid down</i>
				<i>2.5</i>	<i>Release Plug AND 1st Dip</i>
					<i>1st PSI</i>
	<i>750</i>			<i>3.5</i>	<i>Slow Rate</i>
<i>6:50</i>	<i>2,000</i>		<i>109</i>		<i>Plug down float held</i>
			<i>7</i>		<i>plug R.H</i>
			<i>5</i>		<i>plug M.H</i>
					<i>50B completed</i>
					<i>Thank you</i>

